

Serial No. 09/747,436
Attorney Docket No: 2204/A85 120-169

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JUL 01 2005

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Lindsay G. McGuinness
Signature

Lindsay G. McGuinness, Reg. No. 38,549

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RCE x 2	2 pages
FEE SHEET x 2	2 pages
Total including this sheet	<u>5 pages</u>

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 790.00)

Complete if Known

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Application Number 09/747436

Filing Date 12/22/2000

First Named Inventor Travostino, et al.

Examiner Name Pezzio

JUL 01 2005

Art Unit 2662

Attorney Docket No. 2204/A85 120-169

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account. Deposit Account Number 502569 Deposit Account Name: Steubing McGuiness & Manaras LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0 -20 or HP = 0 x \$50.00	= \$ 0.00				

HP = highest number of total claims paid for, if greater than 20

Fee (\$)	Fee Paid (\$)
\$360.00	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 -3 or HP = 0 x \$200.00	= \$ 0.00		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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0 -100 = 0 /50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00	
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\$ 0.00

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Fee Paid (\$)

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Alexandria, VA 22313

Application Number	09/747,436
Filing Date	12/22/2000
First Named Inventor	Travostino
Art Unit	2682
Examiner Name	Pezzlo
Attorney Docket Number	2204/A85 120-169
Nortel Ref	134088AUS01U

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on 6/1/2005. (Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- Other _____

b. Enclosed

i. <input type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502569

i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)	07/05/2005 STEUMEL1 00000077 502569 09747436
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)	01 FC:1801 790.00 DA
iii. <input type="checkbox"/> Other _____	

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Lindsay McGuiness	Registration No. (Attorney/Agent)	38,549
Signature	<i>Lindsay McGuiness</i>	Date	7/1/2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Christine M. Morissette	Date	7-1-2005
Signature	<i>Christine M. Morissette</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND COMPLETED FORMS TO THE FOLLOWING ADDRESS: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.

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FOR
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Application Number	09/747,436
Filing Date	12/22/2000
First Named Inventor	Travostino
Art Unit	2662
Examiner Name	Pezzio
Attorney Docket Number Nortel Ref	2204/A85 120-169 13408BAUS01U

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- Other _____

b. Enclosed

- Amendment/Reply
- Affidavit(s)/Declaration(s)
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- Extension of time fee (37 CFR 1.136 and 1.17)
- Other _____

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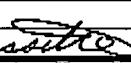
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Lindsay McGuiness	Registration No. (Attorney/Agent)	38,549
Signature		Date	7/1/2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Christine M. Morrissette		Date	7-1-2005
Signature				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND FEE AND COMPLETED FORMS TO THE FOLLOWING ADDRESS: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.